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A POSTURAL METHOD OF COPULATION FOR THE CURE OF SOME FORMS OF STERILITY IN THE FEMALE.

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STERILITY, from time immemorial, has been a subject which has interested and perplexed the minds of philosophers, divines, and physicians. So deeply has it concerned the domestic, social, and legal status of the race, that its effects have not only sown discords in families, but influenced the fate of nations.

Affecting as it does the laws of inheritance, wars have been waged, and crimes committed, that have revolutionized society, prevented justice, and changed the apparent destiny of the world.

The perversion of no other human function has been as powerful as this for good or evil to mankind. Nevertheless, its consideration by experimenters has even in our time been the occasion of severe reproof from reviewers and critics.

Until pathology revealed its many causes and inductively suggested the remedies, its treatment was confined to the prayers and anathemas of the church, or to such crude suggestions as priests and philosophers could give, drawn from analogically observing the menstrual and procreative acts in the lower animals, and based upon the merest shadows of physiological guessing.

Gynæcological studies, however, have changed all this, so that sterility is now only a condition, with remedies as various as its causes, and its cures, the application of simple physiological rules, and chemical or mechanical contrivances.

Notwithstanding our enlightenment, it is the experience of all who are dealing with this subject that the condition is still extremely frequent and unwilling of relief from two very natural causes, namely: physical fear of operative interference, and womanly modesty that holds sacred the act which makes her a wife, and which is performed in the presence of no other than her husband.

It is with a view of considering and respecting this sentiment, and at the same time substituting for surgical relief a method of restoring, when possible, the mechanical relations of the male and female organs in copulation to a basis recognized as necessary to insemination and fecundation, that the following cases are related:

Mrs. McK., aged 30, had been married four years. She came to me for the treatment of two distressing conditions, which were the cause of a great deal of unhappiness to herself and husband, namely, pain during intercourse, and sterility. She gave a history of perfect health, every function being normally performed, and her appearance was that of a handsome, vigorous woman. Previous to her marriage she was a school-teacher, and in answer to my enquiry as to her personal cognizance of a sexual existence at this time, stated that she was possessed of a decidedly erotic temperament, and was desirous of marriage.

Her disappointment was pronounced when, after marriage, she discovered that the conjugal act was accompanied with such horrid pain. And ever since it has been so distressing that she has only submitted to it under protest.

This condition had annoyed her husband, who had fancied that her repugnance to the act was the result of a loss or transference of her proper affection. He was desirous of children, and provoked to find his wife sterile.

Her history had nothing of interest except as above stated. Physical examination of the sexual organs revealed a perfectly

normal appearing vulva, but upon attempting to introduce my finger into the vagina, she shrank from me, and exclaimed, "There is all my trouble." Upon close inspection I discovered the carunculæ myrtiformes exquisitely sensitive and tender; indeed the least touch was exceedingly painful. Here, no doubt, was the seat and cause of her vaginismus. I persisted in my examination, notwithstanding her suffering, and found the vulvo-vaginal orifice amply distensible. She said intercourse had been complete; this was no doubt the case, as there was no physical obstruction whatever to the introduction of my two fingers. I noticed however upon thus entering the vagina, that it was thrown into a state of alternate contractions and relaxations, the pelvis flexing, and the uterus apparently descending to repel my finger. The whole generative tract seemed to be thrown into a violent state of repulsion to the intrusion. It was not a vaginismus in the sense of a tonic spasm; on the contrary, there were spasms of a clonic character which more nearly resembled an orgasm.

The case so far was exceedingly interesting to me, as I had never seen exactly this form of reflex action before. The uterus was normal and *in situ*. There was nothing wrong discoverable except this hyperæsthetic condition of the remains of the hymen, and this, no doubt, was the cause of her intolerable pain upon intercourse, and perhaps the indirect cause of her sterility; for although intercourse was complete, as attested by the well-worn, dilated vagina, still I believed that the frantic, expulsive efforts of the genital tract which I had witnessed, were quite sufficient to discharge the seminal fluid from the vagina almost immediately upon its deposit, thus preventing it from remaining long enough for the spermatozoa to get a lodgment in the uterine cavity.

As a curative measure I advised her to let me operate, by trimming out the diseased remains of the hymen, and I told her I could almost promise her relief from pain upon intercourse, and insure her fecundation. She said she would submit the proposition to her husband, and return and let me know the answer.

In the course of a few weeks she returned, and said her husband would not permit an operation until all other resources failed, and begged me to suggest something else.

I told her my plan in that event was to get her pregnant in some way, and then probably the act of parturition would cure the vaginismus, as it had done before in my experience. In

furtherance of this plan, I instructed her to have intercourse with her hips elevated upon a high pillow, and that immediately upon the withdrawal of the penile organ she should clap a napkin to the vulva and hold it there firmly as long as possible, and not move from the recumbent position with her hips highly elevated for four hours, or longer, if possible. This she promised faithfully to do, and in the course of three weeks came to me and told me she had missed her period, and from the unusual symptoms which she had noticed, believed she was pregnant.

The belief was correct, and the cure of all her troubles has been complete.

My idea of the cause of the sterility in this case was that the impinging of the penile organ against the hyperæsthetic remains of the hymen was not sufficient to prevent the ingress of the organ, but calculated to excite such reflex action in the muscular accessories of the generative tract as to cause expulsion and discharge of the semen from the vagina. The plan of cure was, that by placing the patient in the position described, with her hips highly elevated, so as to flex the pelvis upon the body, I got the benefit of all that gravity could afford in retaining the semen, and, by closing the vulvo-vaginal orifice by the application of the napkin, I impeded the exit of *some* spermatozoa that might possibly be thus directed to their natural office.

Case 2.—Mrs. C., æt. 30, had been the mother of three children, and lost them by death.

She had not been pregnant in eight years, and was exceedingly anxious to have another child.

She had been everywhere for treatment, but without avail. She gave the history of perfect health. She was a tall, well proportioned, handsome woman, and was not conscious of ever having had any trouble more than headache, and this she attributed to some vague uterine cause, which was also the cause of her sterility. Upon examination of the sexual organs I found a wide, gaping vulvo-vaginal orifice, associated with a cystocele and rectocele, the result of a perineum worn out by

her three parturitions. The walls of the vagina were normal, except that they were relaxed, and led up in a funnel-shaped way to the uterus. The cervix uteri had been lacerated, and its everted edges cicatrized by applications of different chemicals, which had, no doubt, been honestly applied in the vain hope of curing her by some of her former medical attendants. The uterus otherwise seemed normal and but slightly prolapsed, considering the condition of the lacerated perineum and weak vaginal walls.

I told her what I had found, and proposed operating for the restoration of the perineum and the closure of the lacerated cervix, hoping by thus reducing the regions to their normal calibre and shape, that she might conceive. This she positively refused, and said the same had been advised by others, but she would not submit to it.

I then told her I could suggest a plan which she might try, and perhaps it would result in her becoming pregnant. This was that she should have intercourse with her hips well elevated upon a pillow, and that she should not remove from that position through the night. I gave her no other instructions nor treatment. She promised to obey implicitly, and left my office.

She returned in two months in great happiness to tell me she was pregnant, and wishing me to attend her in confinement. This I could not engage to do, as she lived remote from my residence, but she has completed her utero-gestation most satisfactorily.

My theory of the cause of sterility in this case was that the funnel-shaped vagina, with the yawning vulvo-vaginal orifice, had no retentive power whatever, and that, coupled with the cicatricial character of the cervical and intra-cervical region of the uterus, the spermatozoa, unless injected directly into the uterus, might readily drain away before they could get a foothold, as it were. By directing intercourse with the patient in the recumbent position, with the hips so elevated that the seminal fluid could not run out, and thus retaining it *in situ* over the cervical canal, fecundation was effected, and a sterility which had lasted for eight years overcome.

Case 3.—Mrs. M., æt. 26, came to me complaining of vague uterine symptoms, which she said had been present ever since the birth of her child, six years previously. She had never been quite well since the birth of that child, but was exceedingly anxious to be cured, so that she could again become pregnant. She had been treated by several physicians, who had failed to relieve her. There was nothing in her history of any marked or original clinical importance. She had always been in pretty fair health, with no menstrual disorder, except slight pain. She was unable now to take long walks, and was subject to pain in her back and leucorrhœa. Her great desire was to bear a child, and to this end she had worn pessaries, and submitted to applications of one sort or another, always to her hurt, as she thought.

Upon examination I found a very well preserved perineum, the vulvo-vaginal orifice well closed, but immediately within the vagina the sensation was cave-like to the exploratory finger. It was expanded everywhere, and the end of the finger impinged upon a huge vault of the roof of the vagina. This was due to a retroversion that had been accompanied at some time by adhesions of an inflammatory origin, so that the organ was dragged somewhat upward as well as backward. The cervix was well up toward the anterior vaginal wall, wholly out of its normal axis.

I endeavored to replace the organ by placing the patient on her elbows and knees, and manipulation. I could only replace it partially, and that with some considerable pain to her. Still I could tilt it up sufficiently in this position to markedly change its axis. There was no laceration of the crevix other than what is physiological to the parous woman.

I proposed a pessary, which she submitted to reluctantly, as she said they always hurt her and had to be removed. This was her experience with me also, as she could not wear any device I adopted. I treated her with the hot douche locally, and by every hygienic and remedial measure I could invent, endeavored to get the organ tolerant of support, so that I could bring the cervix and os uteri back to the normal relations with the posterior *cul-de-sac*, the reservoir where nature expects the seminal deposit, under certain conditions, in some quantity. My efforts were unavailing, and then it occured to me that I had better reverse my therapeutical methods, and make a pregnancy cure the cause of sterility—the retroversion.

To this end, I recommended what I had remembered having

read somewhere in a book written by priestly orders, of connection with the woman in the position *à la vache*, for the overcoming of sterility. It seemed to me that with the woman placed in this position, the uterus would antevert sufficiently by gravity alone to permit the seminal fluid to be thrown upon the os and cervix in coitu. My theory was, that as connection was generally performed, in this case, the seminal fluid would be thrown away back beyond the cervix into the cavernous expansion representing the *cul-de-sac*. There was no possibility with the semen thus directed and deposited, of the spermatozoa reaching the os, with the cervix tilted up in this direction, within a short time, and that, therefore, they might be killed in the too acid fluids of the vagina, if they were acid, a condition, however, I did not chemically test. I therefore directed that she should have intercourse only in the breast-elbow position, and to remain in this position as long as she possibly could after coition—that is, until she was fatigued. I saw nothing of her for three months, when she returned to my office and told me the device had been successful, and that she was pregnant. The pregnancy was completed in parturition.

It is unnecessary to enumerate the causes and curative procedures of sterility in this connection, as they are generally well-known and recorded. It is sufficient to state the fact that in many instances the causes are obscure and undiscoverable, or may be so near the surface, as in the cases related as to be overlooked and ignored. This we do know, that every woman who menstruates is liable to become fecundated under conditions, and the main essential condition is that the spermatozoa shall be placed in such a position that they may reach the ovum.

That they may reach the ovum requires generally that they shall be deposited in, or in the neighborhood of, the os or cervix uteri.

It is agreed that unless they are deposited in this situation, there are many chemical and physical reasons why they may perish before they gain entrance to the uterus and ovum.

The methods of all experimenters in artificial fecundation are

based upon this necessity, viz., the application of the semen to the os uteri. Their methods are so repugnant, however, upon the grounds of decency, that they can have no practical or hopeful application.

Sims, Pajot, Courty, Eustache, and others, have all succeeded in effecting fecundation artificially, by the aid of the syringe, condom, finger, and so forth, but each method requires the personal presence of a third party, a physician, or a skilled art in manipulation not to be expected in a husband. It is not strange under these circumstances, and the additional fact that the women are so fortunately rare, who will so sink their self-respect as to submit to such treatment, that these methods of cure are looked upon as simply physiological curiosities or eccentricities, not to be suggested even until all else fails and the desire for maternity overcomes every other womanly instinct.

If there is any way of substituting a method whereby we may avoid a professional intrusion upon the conjugal act, or by it do away with surgical operative interference, it is well for us to adopt it.

Perhaps the cases related are of interest in demonstrating what may be called the *Postural Method* of copulation in the cure of some forms of these distressing and interesting cases. Certainly its performance is open to none of the disagreeable objections which the former methods imply, and it would seem to invite further trial from the successes related above.

By this method the semen can be placed in contact with the canal of the cervix by simply adapting the act of copulation in such a way that gravity alone may correct certain physical deformities which change the normal axes of the receptive organs of the female, and thereby direct the seminal fluid to its proper site, and retain it there until sufficient time shall have elapsed for it to complete its function.